

No. <b>W 88597</b>		<b>Due no later than Nov 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  IDAHO SURGICAL ASSOCIATES, LLC SHAUNA T. WILLIAMS, M.D. 1072 N. LIBERTY ST. SUITE 201 BOISE ID 83704		SHAUNA T WILLIAMS MD 1072 N. LIBERTY ST. SUITE 201 BOISE ID 83704			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRYAN J ANDERSON	1072 N. LIBERTY ST SUITE 201	BOISE	ID	USA	83704	
MEMBER	SHAUNA T WILLIAMS	1072 N. LIBERTY SUITE 201	BOISE	ID	USA	83704	
5. Organized Under the Laws of:  <b>ID</b> <b>W 88597</b>		6. Annual Report must be signed.*  Signature: Connie Merrell Name (type or print): Connie Merrell					
		Date: 11/22/2016 Title: Office Manager					
Processed 11/22/2016		* Electronically provided signatures are accepted as original signatures.					